

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 583832

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		2				
4		2				
5		(1)				
6		(1)				
7		(1)				
8		(1)				
9	1					
10		1				
11	1					
12	1					
13	1					
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24	1					
25		(1)				
26		1				
27		1				
28		1				
29		1				
30		(1)				
31		(1)				
32		(1)				
33		(1)				
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48						
49						
50						
TOTAL IND.	7	↓		↓		↓
TOTAL DEP.	30	↙		↙		↙
TOTAL CLAIMS	37					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↙		↙		↙
TOTAL CLAIMS						